

Top 10 Fundamental Actions to Prepare for Unwinding at the Conclusion of the Medicaid Continuous Enrollment Requirement



Background

In accordance with the Families First Coronavirus Response (FFCRA) and the CARES Acts, Medicaid member's benefits were kept active to provide continuous coverage during the Public Health Emergency (PHE) with few exceptions. This resulted in a substantial increase in the number of individuals on the Medicaid program. Some individuals and families have remained on a Medicaid program when they were either no longer eligible or would normally have moved to another medical program for coverage. This requirement was expected to end when the PHE ended; however, the Consolidated Appropriations Act (CAA) sets the Medicaid continuous enrollment end date of April 1, 2023. Effectively de-linking the unwinding of the eligibility rule from the PHE. States are tasked to start reviewing all cases and return eligibility to normal over 12 months.

Utah has prioritized its cases for review to ensure a smooth transition back to normal operations. Utah will focus on the cases most likely to change programs or coverage first. This approach should minimize the state's financial exposure and expedite member movement to the correct eligibility program.

Utah's overall goal is to ensure a smooth member transition and will achieve this through clear communication, data transparency, and robust planning.

Following [guidance by the Centers for Medicare & Medicaid Services \(CMS\)](#), listed below are the top 10 fundamental actions required to prepare for unwinding and what Utah has done to meet them.

1. Create your state's unwinding operation plan

- Utah has developed and posted online a comprehensive unwinding operational plan found [here](#). In our plan, we outline steps and strategies in these key areas:
 - Key Unwinding Dates
 - Preparation for the end of the Medicaid continuous enrollment requirement (pre-activities)

- Outreach and Member Communication (pre-activities)
- Operational activities after the end of the Medicaid continuous enrollment requirement
- [Potential Risks](#)

2. Coordinate with government partners, including the Marketplace

- Utah has shared the unwinding plan with multiple entities and continues to engage with government partners including:
 - Planning with the Department of Workforce Services (DWS) since August 2021
 - Meeting with CMS to solidify our unwinding plans
 - Meeting monthly with the Utah Indian Health Advisory Board
 - As an FFM assessment state, passing cases appropriately to the federal marketplace when the member is no longer eligible with the state.

3. Implement and strengthen automated processes

- Utah requested waiver flexibilities - known as (e)(14) waivers - for use during the unwinding period to help with this effort. These flexibilities include:
 - Expedited renewals for individuals with no income and no data returned. These renewals are known as “ex parte” which means the case may be renewed on behalf of the member without the member’s participation. (approved)
 - Facilitating renewals for individuals with no asset verification system (AVS) data returned within a reasonable timeframe. (approved)
 - Updating contact information from returned mail. (approved)
 - Updating contact information from health plans without needing to validate with members. (approved)
 - Extended timeframe to take final administrative action on fair hearing requests. (approved)

- The Department of Health and Human Services (DHHS) has discussed how to improve the ex parte review process with the Department of Workforce Services (DWS). Both agencies have reviewed other states' processes to potentially automate more of this process
 - Updated the eligibility system to ensure all medical programs are first reviewed using the ex parte process.
 - Set earlier system 'tasks' to notify the DWS eligibility workers about the pending renewals.

4. Engage system vendors to identify changes, start planning, and perform robust testing

- Unlike some states, Utah's eligibility system (eREP) is in house and is not run by a vendor. DHHS and DWS are working with the Department of Technology Services (DTS) to ensure eREP system requirements are developed and ready for unwinding. These activities include internal User Acceptance Testing (UAT) testing and mock unwinding activities.
- Utah is also working closely with our state's CMS E&E lead to ensure we are on right track and any needed funding is requested in advance

5. Establish a renewal redistribution plan

- Utah developed a risk-based approach to our review distribution plan. Reviews will be prioritized in this manner:
 - Cases with known ineligibility reasons. For example, the member may be over income. Upon review, we expect the member's case to close, and the member will be referred to a marketplace plan.
 - Cases that have not completed a recent review. These will be prioritized by those cases held open longer and are not utilizing benefits.
 - Emergency only cases will be handled last, as Medicaid only pays for services when the service meets emergency criteria.

- Our renewal redistribution process is mapped out. We have identified tasks, dates and personnel responsible to ensure the renewal distribution is executed following our risk-based approach to appropriately spread out our renewals over the 12-month period. We have tested this process across agencies twice to ensure we meet the deadline to submit the required State Renewal Distribution Reporting Form to CMS on 2/15/23. We will begin our unwinding period on March 1, 2023 with first expected Medicaid closures on April 30, 2023. This is “Option B” in the CMS guidance.

6. Engage community partners, health plans, and the provider community

- Reflecting our commitment to transparency, Utah is engaging the community using the following methods:
 - Publishing an [Unwinding Webpage on our Medicaid website](#).
 - On this page you will find resources for members, providers and community partners
 - Sharing monthly member closure lists with ACOs so that they may assist members in reinstating eligibility if the closure was due to paperwork issues
 - Providing a monthly PHE status report to the Medical Care Advisory Committee (MCAC) and quarterly with the Children’s Health Insurance Plan Advisory Committee (CHIPAC)
 - Meeting with advocates monthly in a Member Notice Workgroup with the purpose of improving the notices that DHHS and DWS send

7. Obtain updated contact information

- Utah Medicaid has conducted the following activities to make sure we have the most current member contact information:
 - Posted messages on the Medicaid website and the DWS myCase portal to remind members to update their contact information

- Authorized DHHS Health Program Representatives to update member contact information directly into the eligibility system (eREP) without having to transfer the member to a separate agent
- Mailed fliers in December 2021 to all Medicaid and CHIP members reminding them to update their contact information
- Used Equifax data to validate current member contact information. From this list we are determining if the address we have on file is accurate or if we need to make updates. About 10% of addresses reviewed have some type of change
- Worked in tandem with ACOs to act on change of address information received outside of normal methods
- Emailed all Medicaid and CHIP members with an email address on file in September 2022 reminding them to update their contact information
- On the general notice we requested “return service” to try and update as many new addresses as possible from the returned mail.

8. Launch effective communication strategies, including consumer outreach and revised notices

- DHHS is sending several notices on colored paper now that the end of the Medicaid continuous enrollment requirement is known. These notices will inform members about their specific program details.
 - General notice: Information about the end of the continuous enrollment requirement sent to all Medicaid members.
 - Specific notices include: Spenddown programs and the need to pay their premium or lose coverage, CHIP premium collections re-starting, Emergency only cases may ask to be considered for other Medicaid programs, and the COVID-19 eligibility group which will terminate at the last day of the PHE.
- Utah will use various strategies after the Medicaid continuous enrollment ends to communicate with members: social media, email messages, online messaging, texting members who selected electronic communication, etc. We have worked

extensively with community partners who support Medicaid members to ensure uniform and consistent messaging.

- Utah will continue to promote its Provider and Partner Unwinding Communication Toolkit that was distributed to our providers and partners. The toolkit is located on our [unwinding webpage](#)

9. Assess workforce capacity and conduct training

- DWS has created an unwinding training outline to include web-based training, micro trainings, and in person training
- DWS has hired up to their maximum funded staffing levels to process cases as quickly as possible during the unwinding

10. Implement a robust monitoring strategy, including timely reporting to CMS

- Utah will monitor eligibility data through its dashboard. The dashboard will be posted to the [unwinding webpage](#) on 2/13/2023 and will be refreshed weekly (business view) and monthly (public view).
 - The DHHS Office of Eligibility Policy (OEP) will be reviewing daily and weekly data
 - Baseline data to be posted on 2/13/2023
 - Data elements will include:
 - Number of fair hearing requests
 - Number of applications received in a month, pending, approved, denied, and days to decision
 - Number of reviews, completed ex parte, and outcomes of the review
 - Number of calls, wait times, and call abandonment rate
- Utah will also manage the unwinding project using a Task Management tool to identify key CMS reports, due dates, and persons responsible